MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8926 62-036580 STATE FILE NUMBER

FILED SEP 24 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
2	20	2	9/24/62
4	0		
5	1		
7	0		
8	2		
12	73-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

73

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b
c. CITY OR TOWN: St. Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Anthony Hosp. — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 6405 Printz Crt — Reside on Farm Yes [ ] No [X]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — COUNTY

3. NAME OF DECEASED (Type or print): First ALBERT — Middle P — Last PETILL

4. DATE OF DEATH: Month 9 — Day 14 — Year 1962

5. SEX: Male

6. COLOR OR RACE: White

7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH: 8-13-1887

9. AGE (last birthday): 75 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Motion Picture Op.

10b. KIND OF BUSINESS OR INDUSTRY: Theatre

11. BIRTHPLACE (City and state or country): St Louis Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Edward Petill

13b. MOTHER'S MAIDEN NAME: Cora Doubray

14. NAME OF HUSBAND OR WIFE: AlbertineTiedemannPetill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.

17. INFORMANT — Address: Albertine Petill 6405 Printz Crt.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for a, b, and c.)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 15yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): A-S CVR Disease 442X
DUE TO (c): [illegible]

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Chronic Brain Syndrome

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 1-9-62 to 9-14-62 and last saw her/him alive on 9-14-62
Death occurred at 3:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Charles A Nester MD

22b. ADDRESS: 3654 S Grand

22c. DATE SIGNED: 9-15-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 9-17-1962

23c. NAME OF CEMETERY OR CREMATORY: Sun Set Burial Park

23d. LOCATION (City, town, or county) (State): St. Louis Co Mo.

24. FUNERAL DIRECTOR — ADDRESS: WINGBERMUEHLE 3819 So Grand Blvd

25. DATE RECD. BY LOCAL REG.: SEP 17 1962

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed George J. Kingsbermann

Licensed Embalmer No. 4611

P. O. Address St Louis 18,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.